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Original Department.

Lectures.

LECTURE ON CLINICAL SURGERY.

CARIES OF THE OS CALCIS—FISTULA IN ANO.

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(Reported by Alfred Whelen, Student of Medicine.)

Caries of the Os calcis.

Gentlemen—The first case to which I will direct your attention this morning is that of H. E., aged 29, Irish, married. He has for more than a year suffered from a carious condition of the os calcis of his left foot, the result of a blow from the blade of a mowing machine.

On the 12th of July, of this year, this man was operated upon by one of my colleagues, who removed a good deal of dead bone from the os calcis. This bone was then found quite soft, and the diseased portion was readily scraped away with the gouge and chisel. Since that time numerous necrosed fragments have separated in the discharges, but as I pass my finger to the bottom of the sinus, I feel distinctly that there is yet some diseased bone remaining. I shall enlarge the opening freely, and endeavor to scrape off all such portions as appear to me to be unhealthy.

It seems to me now that I have done so, yet I am by no means sure that further operation may not be required in this man's case. In fact, gentlemen, these scrapings of rotten bones are often operations of a most deceptive nature. The surgeon takes away a good deal, but he often leaves a good deal more behind him, to be gotten rid of by the kindly powers of nature. Indeed I think it is to just such cases that the reproach of the nimia diligentia of surgery may be applied. Depend upon it, there is such a thing as doing too much, and I am by no means certain that the rude scrapings, and gougings, and chiselings to which bones are sometimes subjected, may not at times serve as the exciting causes of much mischief, which, but for the surgeon's zeal, the patient might escape. If a bone or a portion of bone is really dead, by all means remove it; but unless this be truly the case, treat it gently and take care lest by ill usage and by rough manipulation you extend rather than limit the area of disease.

In the case before us, I shall arrest the hemorrhage, which you see is profuse, by plugging the wound with lint, dipped in Dr. Pancoast's styptic,

℞	Potassæ carbonatis,	ʒi.
	Saponis castil,	ʒij.
	Alcohol,	ʒiv. M.

one which I prefer to all others, and which I have extensively used. I shall then carefully watch the progress of this case, and I shall not be surprised if a future operation, involving the removal of the entire os calcis, be demanded.

One word as to the styptic which I am using. It is, I think, much the fashion to deride these agents, and yet they are useful. The one in question is, in my judgment, one of the best. I like it better than the Monsel's solution for this reason, that it forms no black crust, and does not discolor the tissues. The parts to which it has been

applied have the appearance simply of having been dried, as would be a piece of raw meat, by exposure to the sun. In Monsel's solution the crusts are thick and black, hiding the tissues beneath, and under these crusts you often have oozing. I can testify to the power of Pancoast's styptic, from a very extensive use, not only in civil but also in military surgery. I therefore recommend it to you with confidence. I advise you to remember it, and I do not think that you will be disappointed by it.

Fistula in Ano.

The next case I shall bring before you is one of *Fistula in Ano*. There have been so many of these cases in this clinic that I fear you may perhaps regard that affection as trivial. Yet I assure you there is scarcely any trouble which comes before the surgeon which is more worrisome and annoying to its unfortunate possessor. A patient with fistula in ano is in a constant condition of uneasiness. The parts are at all times liable to take on inflammation and to become exquisitely painful; the patient walks with difficulty, and oftentimes cannot ride at all, especially in any rough vehicle. In sitting he is obliged to rest his weight on the opposite buttock, in a constrained and awkward position.

What is fistula in ano? I would define it to be an abnormal sinuous track or communication leading from the cavity of the rectum to the external surface; this constitutes a complete fistula. When the internal or the external opening alone exists we have respectively a blind internal or a blind external fistula. That is, writers on this subject say so; but to-day I shall speak to you only of the complete fistula. Starting, then, with the definition of the lesion which I have given you, let me say a few words regarding its nature, consequences, and treatment.

First, as to its origin. What gives rise to this affection? As to this point, different views are entertained; many surgeons, following the lead of Brodie, believe that the disease commences as an ulceration of the mucous membrane of the rectum, which perforates the walls of the gut. Inflammation and abscess in the surrounding tissues then set in, and eventually an external opening is forced through the skin. Thus the fistula is complete. Other surgeons teach that the commencement of fistula in ano is by the formation of the abscess external to the walls of the gut, and that this abscess presses inwards and opens into the cavity of the rectum, as well as outwards towards the external surface. It is quite likely that both views are correct, and that the disease in question may have a twofold origin. Indeed, I am quite sure that I have met with fistulæ which commenced as mucous ulceration; and also with those which owed their origin to the primary abscess.

Usually, a patient suffering with fistula presents himself to the surgeon, stating that he suffers from considerable uneasiness in his seat; that there is a tender spot near the margin of the anus; that the parts are constantly moist; that occasionally there is an escape of offensive gas, and that there is, moreover, a frequently recurring tendency to induration and inflammation of the neighboring tissues. Such a history would lead any one to suspect a fistula; an examination will set all doubts at rest. How will you make it? You will answer at once, with a probe passed through the openings into the gut.

Here let me say a few words with regard to these openings. First, of the *internal* opening. This opening, I take it, always exists. It is your business to find it, and find it you will, if you search for it dexterously, and in the proper spot. As a rule, I think it will be found within one inch, and in the great majority of cases, I believe within one-half an inch of the anus. Inexperienced surgeons are apt to err in seeking for the opening too high up in the gut. The probe can be thrust up by the side of the intestine, and the erroneous supposition is formed that the internal opening is necessarily at the extremity of the fistulous track. Not so; the internal opening will be found in the locality I have indicated, in proximity to the anus. It is here that the diseased action is initiated, and though extensive burrowing and circumparietal dissection may follow, it is a secondary and not a primary result. If you would cure fistula in ano, you must find the internal orifice. If you do not find it, in all probability your operation will fail. Remember this, and do not rest content until you have found the true primary inner opening.

The examination with the probe sometimes produces great pain, so that you will often be obliged to use a little ether, in order to effect a thorough exploration. Now

observe what I do to the patient upon the table, and I would premise by stating that his bowels have been thoroughly unloaded, by castor oil yesterday, and by an enema this morning. I take the probe, one with a broad flat handle, which I can hold between my fingers, and thus always be sure of the direction of its point. I introduce it gently into the external opening, and pass it carefully up until it meets with resistance. Then, and not until then, do I enter my finger, well oiled, into the rectum. Had I done so at first, I would have excited the spasmodic action of the anal muscles, and the normal direction (if I may use that term) of the fistula would have been altered. As it is, the probe is well up before I pass in my finger. I now feel a little caruncle, which I am sure is the pouting lip of the inner opening. I rotate the handle of my probe slightly; its point passes through into the gut, and rests upon my finger, and you see that I can bring it out of the anal orifice. Along the probe I pass a grooved director, withdraw the former, and then thrusting a probe-pointed, curved bistoury to the groove of the latter, I divide at a single cut all of the tissues between the fistula and the external surface; including in this case the external sphincter muscle. There is some bleeding, not much, and to check this I saturate the pledget of lint I place between the lips of the wound with the styptic solution I have already spoken of to you. A compress and T bandage is the dressing.

I have described a single inner opening in fistula; sometimes there are more; there may be two or three. Some of these may be found quite high up the rectum, two or two and a half inches from the anus. But these distant orifices are probably secondary in their character, and developed subsequently to the formation of the primary orifice, which I believe will in most cases be found as I have told you, just within, or in the vicinity of the anus. In your treatment of these cases, I do not advise you to attempt any division of these upper openings. Excessive hemorrhage is too apt to follow from the large veins of the rectum. Carry your knife through the lower orifice, the initial point of the disease, and in all probability a cure will follow your operation.

As for the external openings, these may be single or multiple, and may be situated on one or both sides of the anus, or extend into the perineum, or off towards the buttocks. I have seen sinuses formed by these burrowing openings, which reached absolutely to the upper part of the thighs. If these external openings are close together lay them open with the knife, and then treat the case as an ordinary fistula with a single external orifice. If the distance is so great as to indispose you to use the knife, introduce one or two setons, and thus cut your way as it were to a single external track or orifice, which can be treated as above described.

It not unfrequently happens that the integuments in these cases are indurated, sodden, and disorganized in structure, as the result of these underminings and purulent percolations. This condition will disappear when you have destroyed the sinuses by the knife, and the seton. Occasionally the edges of the track, after division, will be found flabby, and of lessened vitality; these had best be pared with the scissors.

Thus far, I have spoken of the operation for fistula in ano by the knife. It may not always be possible or advisable to use a cutting instrument. The patient, perhaps, cannot rest from his business, or the orifices, internal as well as external, may be so far distant from the anus as to lead you to dread hemorrhage. In such cases you can commence your treatment by carrying a silver-eyed probe, armed with three or four strands of saddler's silk, through the external opening, the fistulous track, the inner opening, and out through the anus. Then leave the seton *in situ*, and have it tightened a little every day or two, until by progressive absorption it nears the surface, when a touch of the knife or scissors will finish the section. You thus obtain the same result as before, save that days or weeks instead of minutes are consumed. Many patients have a horror of the knife, and here, then, you have an alternative.

Now let me caution you as to the section of the sphincter ani muscle. If possible, never divide it at more than one point at the same time or operation. Should you not bear this in mind, and should you heedlessly make a double section of the muscle, you would probably find that your operation will be followed by a loss of power on the part of the sphincter. As a result, your patient would suffer from a more or less

incontinence, and his life might be made wretched by the constant and uncontrolled escape of gas from the bowel, or by involuntary discharges of fœces. Bear this point in mind, for I assure you I have on more than one occasion seen very distressing consequences ensue from a disregard of this matter on the part of the surgeon operating.

You may, perhaps, meet with instances of double fistulæ in the same place, the fistulæ being seated on opposite sides of the anus, with separate external and internal orifices. One or two such cases I have treated; dividing one fistula by my knife, allowing it to heal up, and subsequently, and at an interval of months, introducing a seton for the cure of the opposite sinus. But even here, proceeding with great caution, I have found that some loss of power on the part of the sphincter has occurred. This loss of power is especially manifest when the patient's bowels are inclined towards diarrhœa. The same remarks will apply to the management of two fistulæ occurring in the same individual at remote intervals. Do not think that I am magnifying this matter of over-operation where the sphincter is concerned. I dwell upon it because I do not think you are always made sufficiently aware of the evils which may follow the course I have deprecated.

Can an anal fistula be cured without operation, or the use of the seton? Some surgeons advise the use of stimulating lotions to the fistulous track, or irritation by a probe, or the introduction of the nitrate of silver. Try these methods, if you like; possibly, in rare cases, they may answer; but I can only say that I have never seen much good follow their employment, and certainly I would never resort to them in a severe case of true fistula.

There is another point on which your advice will often be asked: A patient with a tubercular or strumous diathesis, or one suffering from other serious trouble, consults you, having at the same time a complete fistula. Will you operate, or will you let him retain his fistula and go on his way unrelieved? On this matter the books are positive, and strongly denounce any operative interference. They may be right, or right in part, but I must say that I have in such cases seen operations performed, and have performed them myself, without observing the sorrowful consequences which have been ever prophesied. I cannot but believe that this evil has been somewhat exaggerated, and like an oft-told tale, has gained in grandeur and dimensions in the telling.

I might, had I time, say much more to you concerning fistula in ano, but I shall cease here this morning; at a future lecture I shall recur to this subject, and shall direct your attention to abscess in the ischio-rectal fossa, and to certain other allied affections. In the meantime may I beg of you firmly to fix in your mind three points concerning anal fistula. *First*, the proper use of a flat handled probe in the examination. *Secondly*, the existence and true location of the inner orifice of the fistula; and *lastly*, the danger of repeated sections of the sphincter. If you remember well these three propositions, it will conduce, I am confident, to the advantage of some of your future patients.

Communications.

THE SURGICAL TREATMENT OF WHITLOW AND FURUNCLE.

By J. B. Mattison, M. D.,
Of Chester, N. J.

In the November number of the Chicago *Medical Journal* is the conclusion of an article on the "Consequences and Treatment of the Panaritium," by Dr. Carl Proegler, in which he says, "the treatment of the panaritium is very simple if properly and early done. The sovereign remedy for the *initial state and florescence* is *incision*. * * * * * It is of importance in a rational treatment of the panaritium that the incision be made early. Surgeons ought to emancipate themselves and the laity from the absurd idea that on the fingers or other places, suppuration ought *to get ripe first*. Poultices, salves and other such remedies will give rise to necrosis, a gluing together of tendons, and even contractions of articulations; in short, useless hands and fingers."

We regard this as the soundest sort of surgical doctrine on the subject alluded to. Its value cannot be overestimated. It may seem superfluous to say anything touching early incision in the treatment of whitlow, since it is advocated by all surgical authors, but we are firmly convinced that its importance is *not* fully appreciated by all practitioners, and *particularly* by those *out* of the

profession who are so unfortunate as to become victims of this torturing trouble.

Early incision is the one above all other remedial measures, on the urgent necessity for which we wish to lay particular stress. But *when* and *where* are we to make it? Pus gives early indication of its presence by throbbing, pulsating pain. The moment, therefore, such an event declares itself, *if not before*, surgical assistance should be sought, and the affected part thoroughly incised. Thoroughly, we say, for no half-way measures are admissible under such circumstances. The knife must be handled boldly, and the pent-up pus allowed free exit, if we would effectually relieve suffering, save structure, and conduce to a speedy, favorable termination.

We think, among the unprofessional there is a lack of correct information on this point which physicians could and *should* supply.

Common enough, *too much* so, in fact, it is to see patients suffering for days the agonizing pain of a felon, and yet absolutely refusing to submit to the knife, under the ridiculous plea that it is "*not ripe.*" Now this is altogether wrong; wrong, in a measure, on the part of the physician, in allowing his patients to entertain such an opinion, unless he has utterly failed in a determined effort to disabuse their minds of such an erroneous idea, and entirely wrong on the part of the patient. Practitioners ought, in each and every instance of whitlow which comes under their observation, to forcibly impress upon the mind of their patient the transcendent importance of this procedure, and instruct them carefully upon the earliest indication for its employment. It is only by such action on the part of physicians that this wide-spread error can be corrected, and an immense amount of suffering which would otherwise necessarily ensue be averted.

But *where* is the incision to be made? Huetter answers this question. According to Dr. Proegler he takes a fine probe and touches the central part of the panaritial swelling, asks the patient where he feels by this first palpation the *most intense pain*, and makes there the incision. This point covers in the beginning of the panaritium not more than a quarter of a line, but if taken for the incision no one will be misled.

Huetter asserts, by following this plan, he never made a useless incision. This is a most important statement, and if his success extends to the same operation in the hands of other surgeons, it becomes an infallible guide, and one of which we can by no means refuse to avail ourselves.

"Poultices, salves, and other humbug remedies" we have not the slightest respect for. Their so-called "drawing" quality, to which so many pin their faith is entirely mythical. What is *pre-eminently* needed is *incision*, and that *early*. In the majority of cases it comes to this eventually, no matter what plan of treatment may have been adopted in the outset. We imagine there are few physicians of experience but have the recollection of cases of paronychia treated with domestic remedies, and when as a *dernier resort* compelled to submit to incision, have found the opportunity for *beneficial* interference past, and the extensive destruction of tissues proclaiming, most emphatically, that "Procrastination is the thief of time." Nothing is gained, much is lost by this delay, and, "taking time by the forelock" is, under these circumstances as in many others, eminently wise and satisfactory.

As Dr. Proegler truly says, "tendons, periosteum and joints are saved from suppuration, and therefore early incision is a real blessing." The sooner patients are taught to appreciate the truth of this statement and *act upon it*, will they be spared much suffering, and possibly, death; for felon *has* proved fatal, and will undoubtedly again, and physicians win for themselves the deep gratitude of their patients, and that self-satisfaction which so often compensates more than mere pecuniary remuneration.

Much, too, of the hesitancy on the part of patients in having resort to the knife, may be found in their dread of the incisive pain. In these days of local anæsthesia, fears on this score may be thrown aside, and physicians can with confidence assure them that the operation is comparatively painless. When from any cause there be reason to suppose this measure will not suffice, let general anæsthesia be resorted to, after the manner recommended by Dr. Packard, in No. 34, Vol. XI, of Philadelphia *Medical Times*, which consists in taking advantage of the fact, not generally known, that the early stage of complete muscular relaxation produced by the inhalation of ether is attended with *entire anæsthesia.*

He says, "let the patient lie on a sofa or reclining-chair, and take in his own hand a folded handkerchief or towel, with about ℥ss. of ether poured over it. He should be instructed to breathe out strongly, and then to apply the inhaler at once, firmly to his face, and to hold it there. He may be told also to raise up his other hand, and his attention repeatedly directed to keeping it up. As soon as the hands fall, the surgeon, having everything previously in perfect readiness, promptly accomplishes his object, and the patient is at once allowed to 'come to.'"

What we have written respecting early incision in whitlow is equally applicable to the very great majority of cases of furuncle. Here, more than in paronychia, we have to combat the popular delusion that it must first "come to a head." What with salves, poultices, and other useless "drawing" applications, patients undergo days of suffering, which might be entirely obviated by an early resort to incision.

Of course, as a rule, no such direful results follow a neglected boil as a felon, but the pain is sometimes intense; their site so often such as to incapacitate the patient for active labor, and the general discomfort attending them so marked, that it becomes an object worthy of serious attention to get rid of them as speedily as possible.

In furuncle, as in carbuncle, Gross says the great remedy is the knife. Do not wait for suppuration to declare itself. Cut down on the initial swelling, and, by relieving the local engorgement, "head off" the formation of pus. It can be done, and once done, that ends the trouble directly. The only difficulty is to convince the laity that such is the fact; and when a physician succeeds in stamping it indelibly on the mind of his patient, and having him act accordingly, we hold he has done more *real* service than any incision he may make when the state of affairs compels one, not otherwise informed, to seek professional assistance.

The dread of the knife here opposes itself, but it is an obstacle easily surmounted, if recourse be had to local anæsthesia. Where no apparatus for inducing this is at hand, the application of a strong solution of carbolic acid answers an excellent purpose. The marked anæsthetic property of this agent, when locally applied, is now fully proven. We have personally tested it, using a solution containing fifty per cent. of the acid, and found this effect very decided and prolonged for a considerable length of time.

Of the after treatment of whitlow and furuncle we have nothing to say, nor anything of the correction of a furuncular diathesis, if such there be. These are sufficiently understood. Our object will have been accomplished if we shall succeed in convincing any of the unprofessional public, *through the profession*, of the paramount importance of a timely resort to incision in all cases of paronychial and furuncular inflammation.

AN IMPROVED METHOD OF TAXIS IN STRANGULATED HERNIA.

BY F. H. NICHOLS, M. D.
Of Cumming, Ga.

Having occasion to lay before the officers of a prominent Life Insurance Company some statistics and observations on the current mortality of Hernia in American surgery, *and its life risks*, I was urged by its chief surgeon to present to the Medical Profession my views of hernia, and my plan of treatment.

This surgeon was educated in Edinburg, Scotland, and is consequently more familiar with European theories and practice than with the American and the results of our practice. I shall, however, compare only from the European statistics in this article, and leave the reader to draw his own inferences and conclusions. This Insurance expert said my views were new to him, and that the results of my practice were incomparably superior in strangulated hernia to those obtained by the best surgeons in Europe.

I hold that every case of strangulated hernia can be reduced and can be cured by the hands alone; that it is dangerous to resort to the knife under the most favorable circumstances; and I also believe active cathartics or powerful anodynes are seldom useful or necessary in such cases.

In the first place I bring forward my own experience to verify the position that the hands alone can reduce every case of strangulated hernia. I have had cases as bad as any case can be, which I saw first on the 4th to the 12th day of strangulation, both inguinal and femoral, and some abandoned by their medical attendants as incurable, and as fatal; yet by the hands alone I have re-

duced the hernia, and in every instance the patient recovered.

In the second place I cite from a paper published in Great Britain some years ago, by Mr. Gay, to show the actual mortality in Europe, following the knife in herniotomy, which ratio of mortality I believe, from observation, does not differ essentially from the mortality under the very best American surgeons in herniotomy. The whole number of cases operated on was 774; of these, 334 died. They were cases taken from hospital as well as private practice, and therefore may be regarded as fairly representative of the ratio of mortality in Europe. Mr. Gay gives us another table showing us the length of time strangulated, and the ratio of mortality attending each day's operation, from which we learn that of 118 cases operated on up to the 9th day of strangulation, 33 died, and that *all* cases operated on after the 9th day of strangulation died.

Hence Life Insurance officers exclude all applicants having hernia from their companies, and European and American tables of mortality justify them in doing so. But did they know that medical science affords in every case of strangulated hernia as certain relief as it now does to those having a dislocated hip or shoulder joint, or other ailments that only impair function; and that there need be no greater mortality attending strangulated hernia than usually attends dislocation of the hip joint, or follows in the train of ordinary fevers, or internal inflammations, they would modify their rules and rates of premium, and admit for insurance persons subject to hernia as they do all other persons subject to accidents. I shall now endeavor to make plain to the reader a far safer and a better plan of treatment than any I have ever seen given in medical works, or taught in the schools.

Let us suppose the patient is before us. He has, upon inspection, strangulated hernia. The bowel or some part of the contents of the abdomen is down and locked in the inguinal region. He has tried and others have tried to return the protruded part back into the belly with the hand, but failed. The pain is severe. It comes on in paroxysms, and with each paroxysm the bowels are urged further and further into the bag, until the integuments are greatly distended and the misery becomes truly intolerable. Hours, and perhaps days pass away, the patient gradually getting worse and worse. The constricted part will not allow the blood to circulate as in health; hence inflammation is developed. The contents of the bowel cannot find a natural discharge by the anus, consequently may be vomited up by the mouth. These symptoms gradually glide into others more dangerous and prostrating, to be ended only in death; that occasionally occurs in seven days, more often not under ten or fifteen days. Such is the order and nature of this accident when undisturbed by the art of man. If the patient has been suffering some time from strangulation; if there is great prostration and symptoms indicate mortification, as I have seen in several cases, the patient will have a much better chance to recover if the bowels can be unlocked without exposing the inflamed textures to the open air.

If there is great tenderness over the hernia I apply a warm soothing poultice, with or without hot cloths saturated with chloroform, over the immediate stricture for half an hour, while I am getting other things ready. I place the patient upon his back and verging on the side of the hernia, with his lower extremities drawn partly up so as to relax the muscles in front of the abdomen. I engage his attention with cheerful conversation, and assure him of his speedy relief, which I know I can certainly give him. I have placed at the side of the bed a bucket of cold water, the colder the better. Having all things in readiness I gently raise up and compress the hernia with both hands, holding it so that the pressure will be in the line of the passage constricted. I place the shoulders a little lower than the hips, with one knee generally flexed a little. I faithfully but gently work back the protruded part, and in many instances succeed in reducing the strangulated bowel and restoring it into the belly.

But there are cases that *taxis*, however skillfully performed, cannot reduce the hernia. In such cases, I do not despair. I carefully readjust the pressure, reduce or lessen the tumor as much as possible, holding the part and making the pressure close to the point of stricture with one hand, and with the other, after holding it in cold water a few minutes, *I suddenly seize the abdomen below the navel and carry it upwards*, at the same time using a little more force or pressure with my other hand at the

stricture. The shock of the cold wet hand, and the continued gentle pressure at the stricture, never fail to unlock the bowel, while the patient cries out, Oh! only to find himself completely relieved, and the hernia gone; gone into the abdomen and the cure is completed. I thus excite the retractive power of the bowels as well as of the whole abdomen. This power is adequate for the reduction of many cases of strangulated hernia alone. It becomes potential and all-sufficient when conjoined with proper pressure at the point of stricture; and amply so for every case of strangulated hernia that I have ever seen. *I know this by experience, and I fully believe that it is the remedy "par excellence" in every obstinate case of strangulated hernia.* This retractive power can be excited at our will, can be united with external pressure, and is without risk to the patient, and always in my hands it has proved successful. I invite all medical men to try it for themselves.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

Medical Clinic of J. M. DaCosta, M. D., Professor of the Practice of Medicine in the Jefferson Medical College.

[REPORTED BY RALPH M. TOWNSEND, M. D.]

December 7th.

Paraplegia.

We have had the good fortune lately to be richly supplied with instructive cases of nervous disease. Those you have already seen have suffered from some brain lesion; the patient now before you has an affection of his spinal cord.

J. W. M., a blacksmith, aged 21 years, was admitted into the hospital Nov. 19th. His previous health had been good, with the exception of a malarial fever, a year before, which soon passed away. Last March, while playing, he was pulled off of a ladder, and fell with violence on his back. He remained feeble for three weeks, and had some diarrhœa. Six weeks after his fall his legs became paralyzed, and the chills and fever were redeveloped. Meanwhile, the paralysis grew in extent until both legs and arms became deprived of motion. In this condition he remained until Oct. 1st, when he began to improve, and the improvement has so far continued that he has regained the use of his arms.

Prior to his admission he had taken a good deal of iodide of potassium. His urine was acid, s. g. 1028: it contained no albumen. His appetite has been fair. There has been irritability of his heart, with distinct systolic murmur in the cardiac region, but which, from its exact seat, we believe to be inorganic. His pupils are slightly dilated (the right the more); both react to light, the left the more actively.

With reference to the paralysis, we will now examine the most striking phenomena the man presents. He cannot raise himself from his chair without the assistance of his hands. When he walks, it is with a peculiar swing and shuffle, and the act of turning, while walking, is performed with difficulty. He manages to progress, however, without assistance, which he could not do when admitted. Furthermore, he can walk with his eyes shut almost as well as with them open. He moves his arms readily to above his head, but when he clasps my hand, his grip is found to be lacking in power. He feels pinching all over the body, and can appreciate the difference between hot and cold. Sensation, then, is good, although the sense of touch is not perfect, as there is a want of power to distinguish small objects, and the patient does not feel the ground firmly under his feet when he walks. These points, however, are less marked than on admission.

Tested with the battery, electro-motor contractility is found to be distinctly diminished. In both arms the muscles simply quiver, without contraction, under a strong Faradaic current. So with the muscles of the leg, a very strong current, applied both anteriorly and posteriorly to the right leg, produces no contraction at all. The patient feels the current, but does not seem to suffer pain.* With this fact so markedly illustrated, this man, apparently, is but feebly paralyzed. Only when we see him walk do we appreciate the gravity of his affection.

Summing up, we find that this man, after a malarial attack, of which he is apparently cured, receives a fall followed by gradual palsy, first, in the legs, and then in the arms. Before the legs are completely paralyzed, the fingers commence to be numb. What strikes us is that the palsy is chiefly motor, although not entirely so. With this we have almost unimpaired intelligence, no vertigo, no paralysis of the muscles of the face. In fact, the man is sound from his neck up; from his neck down there is disease.

This is a case of paraplegia, complete paralysis of the upper and lower extremities, dependent upon spinal lesion. Absence of electro-muscular contractility is here an important, although not essential, point in making our differential diagnosis. The symptoms could not coexist with unimpaired intelligence, if the palsy were cerebral. Furthermore, recognizing

* A current from the same battery, of hardly one-fifth the strength of that given to this patient, when applied, in the presence of the class, to my fore-arm, produced intense and painful contraction of the flexor muscles, almost like a cramp, the skin, in the meantime, having a pricked and glowing sensation. R. M. T.

the palsy to be spinal, we must take note that it has existed without jerking of the muscles.

This man fell, perceived a certain amount of injury at once, and became paralyzed some weeks after: what is the probable lesion? His spine has been carefully examined, and no lesion or tenderness detected. He probably had spinal congestion, with inflammation here and there of the membranes, and this gave rise to the ascending paralysis, of which he speaks. He fell on the lower part of his back, and we can only explain the upper paralysis by the ascent of the congestion and slight inflammation.

Why do I speak of slight inflammation? Because this man has not presented the marked twitching common in true inflammation of the cord or its membranes. Again, the history of the case, its gradual ascent, the way in which it is now steadily improving, are all against the supposition of extensive inflammation. We lay stress, therefore, upon the congestion. The prognosis is favorable; the man will entirely recover.

A curious feature about this case was the re-development of the chills. I have known such a thing happen over and over again. It shows strikingly the latency and unknown agency of malaria. I have known chills re-developed after many years, without renewed exposure, by the receiving of a gun-shot wound.

This patient has been using ergot almost since his admission. He takes twenty minims of the fluid extract three times daily; and this we shall increase to forty minims. The iodide of potassium, upon which he was placed previous to his admission, acted apparently with advantage, as he had commenced to improve under its administration. We aid the ergot by occasional purgatives. Ergot is among the remedies found clinically useful in cases of spinal congestion. It has been supposed that it contracts the blood vessels, while it stimulates the nerve structures.

The treatment he is now under I hold to be the best general one that we can institute. The occasional purgative unloads the portal circle, and thus indirectly influences the spinal marrow. We often see the marked improvement in motion that comes on after the administration of saline purgatives. In addition we might apply croton oil, or dry cups, or blisters, or bags of ice to the spine. I have not, however, known as much benefit from these local applications derived as you might suppose. As long as this man is walking about we can make use of these remedies, and will order croton oil to be locally applied. But when a patient is on his back, these counter-irritants often hurt the nutrition of the part, and thus facilitate the appearance of bed-sores.

Sciatica.

R. M., admitted Nov. 26th, æt. 35 years, a miner, was born in Wales. He has always been a healthy man, but has lost his father and three sisters from consumption. Last June a large timber fell on his leg, which made it very black and stiff, but did not cause him to stop work. He continued work until October, about which time he rubbed his sore leg with spirits of turpentine and oil of erigeron. A week afterwards three or four large boils and a dozen smaller ones came out upon the back of his thigh and knee. This attack incapacitated him for work until the first of November. He then worked six days, but the leg again becoming painful he was obliged to cease.

He came into the hospital with pain shooting along the sciatic nerve, tenderness of the spine low down, and eruption on the skin. His urine was acid, s. g. 1030, and contained a small amount of albumen.

The muscles of the right side are somewhat dwindled; pressure over the sciatic nerve gives rise to pain, but the latter is at present diminishing. He was placed upon the tincture of the chloride of iron, internally, and had hypodermically, nightly, one-sixth of a grain of morphia and one-sixtieth of a grain of atropia.

This case is one of sciatica, and it has greatly improved under treatment. The man had been so often blistered, and was so sore, that I did not immediately order a blister for him. But we will now apply a strip of blister four inches long and one inch wide, over the seat of tenderness. We will keep up the hypodermic injections, and alternating with the blister will use ice over the affected part. The use of the latter over these nerve lesions of large trunks is often productive of a great amount of good.

The blotching of the skin I was first inclined to attribute to the neuralgia itself. I have seen a number of cases so caused, but I cannot assume that this is exactly one in point.

Chronic Dysentery.

J. J., a sailor, aged 34 years, born in Sweden, was admitted Oct. 29th. His parents died when he was young, and the cause of their death is unknown to him. He has never had venereal disease and never drank to excess. He has been healthy previous to his present sickness. Three years ago last October, he was seized with dysentery, arising, he thinks, from a cold. This attack confined him to his bed for eight months, in Norway, where he had from three to ten movements of his bowels daily, and frequently passed blood. Before becoming entirely cured he went to sea, but after a time he again became worse and went into a hospital in Genoa, where he remained six weeks and came out entirely cured. He stayed well for six months, or until November, 1871, when in making a voyage from Calcutta to this country he was obliged to drink bad water and had bad and insufficient food, which caused the diarrhœa and bloody stools to recur. The severity of his disease fluctuated from that time until last June, the man working meanwhile, when he was admitted into this hospital. He remained here for 26 days and got better, but left before he was entirely cured. He went to sea again and worked until Oct. 29th, when he

was again admitted. At this time he had from eight to ten passages daily, some of them being bloody.

His disease, then, had continued four months prior to his last admission. He left the hospital uncured and his affection became aggravated.

He is a good deal pulled down, his tongue pale, and he has a little tenderness over the descending colon. He has no other abdominal soreness, no ascites, and is without fever.

He has used every conceivable remedy, tannic acid, sub-nitrate of bismuth, sulphate of copper, opium, and all in vain! For a few days the sulphate of copper seemed to reduce his discharges, but its effect soon died away. Keeping him constantly under the influence of opium was all that seemed to do him any good. Finally he was put upon the use of oxide of silver, one-quarter of a grain four times daily. At night he took one grain of opium in the form of a suppository. Under this treatment he has steadily improved until now he has only one passage in the 24, and sometimes 48 hours. We have here a success to record for the oxide of silver. That it is the silver and nothing else we may fairly claim. He sleeps on the same bed and has the same regulated diet as he has had all along; and he is taking far less opium now than heretofore.

I prefer the oxide to the nitrate of silver, because it has a better, or at least as good an action in gastric and enteric affections and it does not discolor the skin. I have only heard or read of one instance of it causing this discoloration, and there it was given in large doses, every day, for five months continuously.

Typhoid Fever.

J. B., aged 25 years, a sailor, was admitted Nov. 25th. He has always enjoyed excellent health until three weeks ago, when he was seized with a cough and commenced to feel badly. He continued his work on shipboard, however, up to a week past, when he arrived in Philadelphia from Boston.

On admission there was slight dullness on percussion over the base of the right lung, posteriorly, with loud, ringing, dry rales. His urine was acid, s. g. 1024, and contained no albumen. His temperature record has been as follows:

	Morning.	*Evening.*
Nov. 26th,	103° F.	105° F.
" 27th,	102°	103.5°.
" 28th,	101°	105°.
" 29th,	101.5°	103.5°.

This morning his temperature was 101° F. We have therefore had sustained high temperature, with some morning remission. Within the past two days there has also been epistaxis, not profuse, but decided. His mind has remained clear, except the first night, when he thought he saw ships. A few nights since he had a little headache. He has had some sweating and his bowels have remained constipated. His pulse has not reached 100, usually in the 80's, and his respirations have varied between 22 and 30.

Looking at him to-day we find his tongue red; it has been so from the beginning, and I was more struck with it on the day of his admission than any other symptom he presented. His pulse is 88. Some harshness of the respiratory murmur is heard at the lower part of the left lung; and loud ringing rales at the lower part of the right. The latter are perceived posteriorly, and not only at the lower part but extending some distance upwards. The resonance is unimpaired and the lungs are clear anteriorly. There is a certain deficiency in the first sound of the heart.

There is no swelling of the abdomen nor pain on pressure. Since day before yesterday we find in looking at the chest and abdomen, distinct red spots. They are very prominent; removed by pressure, and limited to the chest and abdomen.

The case is now before us. What is it? Is it mere ordinary bronchitis? We have its signs in the rales and cough. But no case of bronchitis has evening delirium. None presents fever temperature of this height. The amount of lesion, therefore, is out of proportion to the general constitutional disturbance. The bronchitis, then, is only an attendant.

We have clearly an idiopathic fever before us; but regarding its type there might be difference of opinion. It is quite possible to suppose that it might be a case of remittent; but a day or two of close observation disproves this; we have no nausea, no vomiting, no marked exacerbations. Typho-malarial or latent typhoid it might be held to be, in the absence of abdominal symptoms. This point of view was taken before the eruption made its appearance, but even then the majority of symptoms pointed to typhoid.

This man came from a cold climate here, and this precluded the disease being of malarial origin. And now the epistaxis, the red tongue, and the eruption, point to pure typhoid, with scarcely a very marked enteric lesion. The eruption is slightly coarser than we generally perceive. It disappears upon pressure, as every typhoid eruption does. Its coarseness generated the supposition that it might be accidental; might be from flea-bites. No flea, however, is so circumspect as to confine his ravages to the chest and abdomen.

The man's mental condition, his slight wandering at night, which will likely increase as the disease progresses, also point to the character of his affection.

The value of temperature as a means of diagnosis demands attention. This man's temperature went on growing until it reached 105° F. in the evening, with slight morning remission, which record of sustained high temperature belongs to this disease.

Although typhoid is called enteric fever the lesion may be so slight as to give rise to little abdominal disturbance. When the abdominal

symptoms are as slight as we have them here we usually have a case which justifies favorable prognosis. When you are called upon to treat such a case don't disturb the bowels and thus convert the mild attack into a serious one.

The first day I examined this man I was led to suspect typhoid, by the peculiar dry, ringing character of the rales. I should be loath to dwell upon this symptom alone, but there is something about it that often makes the diagnosis of typhoid special and specific.

The patient is taking eight grains of quinine daily, with enough digitalis to keep the pulse down to 88 or 90. His diet is mild and nourishing, composed principally of milk and beef-broth. If he remains constipated for more than two or three days at a time we will give him a single teaspoonful of castor oil and watch the effect. He is taking in addition to his quinine, ten drops of diluted sulphuric acid four times daily. If the pulse continues as it now is we shall suspend the digitalis. His chest has been dry cupped, which had the effect of lessening the rales. The cups will be followed by turpentine stupes.

MEDICAL DEPARTMENT OF WASHINGTON UNIVERSITY, OF BALTIMORE.

Medical Clinic of A. B. Arnold, M. D., Professor of Principles and Practice of Medicine.

[Reported by J. W. P. Bates, M. D.]

Gastric Ulcer.

This man, a native of Germany, æt. 52, is an out-door patient of the dispensary attached to our hospital. He tells us that he enjoyed excellent health until about four years ago, when he was compelled to relinquish his occupation (shoemaking) on account of frequent attacks of violent pain about the region of the stomach, accompanied by vomiting. His ailings suddenly commenced with one of these paroxysms of pain, which were subsequently repeated at irregular intervals, and generally lasted about two hours; but of late they continue for an entire day. During the intervals he feels quite well, and has even a good appetite, though errors of diet are apt to bring on an attack. According to his statement it appears that the vomited matter, besides the ingested food, consists of a copious greenish-looking fluid. He describes the pain to be of a burning, tearing character, commencing at the umbilicus, from which it spreads over the epigastrium, and settles behind the mid sternum. Occasionally the pain shoots up to the left shoulder, and confines itself to the inter-scapular space. The vomiting nearly always gives some relief, without, however, shortening the duration of his suffering. During the past summer he had only a few slight attacks, and he thought that he was about getting rid of them, but as soon as cold weather came on they increased in frequency and violence. He has now three or four of these attacks every week, the principal seat of pain being immediately about the epigastric region. He can usually foretell the approach of a paroxysm by the irresistible inclination he feels to yawn, and stretch his limbs; and he has also found that it will afford some ease during an attack if he reclines with his back over the side of a sofa or chair, and lowers his head to the floor. A few days ago he vomited a quantity of blood, which left him in a very feeble condition, and induced him to send for medical aid again. I find some tenderness on pressure over the epigastrium. The stomach is evidently enlarged or dilated. No tumor can be felt, nor does percussion indicate the presence of one. There is, however, visible epigastric pulsation; in fact, the expanded hand can easily feel forcible pulsation of the abdominal aorta as low down as the umbilicus. This symptom is not uncommonly observed in connection with gastric ulcer. You see that this patient is much emaciated, though the appearance of his face does not indicate cachexia.

Now it is often exceedingly difficult to distinguish organic disease of the stomach from gastric catarrh, or dyspeptic symptoms of a chronic character, but the clinical history of this case, as far as can be ascertained, and the presence of marked symptoms, bear strongly in favor of the opinion that we have here a case of chronic ulcer of the stomach. Is it a case of gastric cancer? I believe not, although this patient is already advanced in years, and is of the male sex. You will bear in mind, however, that this man has been suffering from this disease for nearly four years, which is far exceeding the average duration of malignant disease of the stomach, nor does he present the well-known appearance of the cancerous cachexia, and no tumor can be detected.

The chief indications of treatment consist of palliation of the cardialgic paroxysms, their possible prevention, and the promotion of cicatrization of the ulcer. For the relief of the pain the patient will be ordered to take one-grain pills of opium, repeated according to the severity and duration of the attack, and if the pills are not retained by the stomach, hypodermic injections of morphia will be resorted to. During the intervals he will take

R. Argenti nitratis, gr. vj.
Pulv. opii, gr. iij. M.
Ft. pil. xxiv.

S. Take one pill before each meal.

Bismuth will also deserve a trial, but all the therapeutical means are utterly futile without the strictest attentions to diet and regimen. Milk, either alone or with lime or soda water, will be urgently recommended if such an exclusive diet be found to agree with him. At the same time he is to abstain from all active exercise. The prognosis in this case is not favorable, on account of the existing anemia and emaciation, as well as the occurrence of hemorrhage. The possibility of perforation and fatal peritonitis must also be taken into consideration.

ALBANY MEDICAL COLLEGE.

Clinic on Diseases of the Mind and Nervous System.

BY PROF. MEREDITH CLYMER, M. D.

(Reported by T. D. Crothers, M. D.)

Nervous Paresis.

GENTLEMEN—This case is one of unusual interest. You will meet them frequently, and find no description in books or literature to refer to. In these cases you will have the initial symptoms of many fatal disorders of the brain and nervous system so grouped as to be exceedingly puzzling. The history indicates this man to be forty years of age, healthy, and well up to June last. He has been alternately a conductor on the railroad and a hotel steward, leading an active, irregular life. Intemperate at times, and particularly so in eating and sleeping. Has been troubled with dyspepsia. In June last, noticed first a sensation of fullness and exhaustion, with a sense of weight or pressure all over the body. This was followed by sleeplessness, and a general apathy for a month or more. Then a feeling of weakness, and general debility followed, from which he sought relief by stimulants, without avail. This condition gradually merged into one of great depression of spirits, and extreme restlessness, after a few hours rest. His mind is clear, and he has no pain ; the appetite is good. He retires at the usual time, sleeps soundly for three or four hours, then wakes with a feeling of agitation and depression, which he terms, "the horrors." This lasts two or three hours, during which he walks the floor, or rocks himself violently in a chair. After this he seeks solitude, and has impulses to destroy himself. The world seems a blank, as far as its ambition and motives is presented to him. He has no trouble of business, or anxiety about his social or pecuniary surroundings; nothing to encourage this condition of depression ; each day all these bad feelings increase (in his estimation), and his faith in his own strength is sinking. He walks round, tries to appear cheerful, but has no interest in anything about him. Such is the history of this case, which represents a large class of sufferers, whose peculiar diseases are regarded lightly by the general profession. Often they are dismissed with a simple tonic or nerve sedative, and the general caution, "to stop business for a few months and go visiting," when they require the most careful and judicious treatment. There is in these cases serious disease of the nerve centers ; lesions in the grey matter of the brain, that would give no trace or indications, that could be detected by the microscope, on the most minute investigation. No particular organ is affected, yet it is possible that this condition, if it continues, may cause irritation of the brain, which may end fatally. This case has been pronounced hysteria, and it has many symptoms in common with that disease. It may not inappropriately be called a paresis of the will power, and insanity is the natural sequence. You will find over-tasked, and over-worked men afflicted in this way; men of prostrated functional power, without any apparent disease or pain.

The treatment is difficult, because it involves both moral and physical means. This class of patients are impatient, and expect immediate relief, and if unsuccessful, go the rounds of physicians. In this case a neighboring physician who was called had great will power over him, effectually breaking up the ill-feelings for a time ; rubbing him all over will frequently act in a similar manner. Nerve tonics, such as arsenic, nux vomica, phosphorus, and the bromides, are valuable. I have used a preparation of phosphate of lime, with bromide of sodium and Fowler's solution, with excellent effect. An alkaline bath is very useful, and often disposes to sleep. You will find many of the symptoms which come on from day to day like habits, and can be broken up. One of my patients could not sleep until daylight, but by lighting up the room brilliantly, was able to break up this habit. Another one would wake up at midnight, suffering fearfully from depression, but by eating, his troubles would vanish and sleep come again. Thorough rest and relief is essential. A change of thought and surroundings, by travel, together with a general tonic course of treatment, always having reference to particular symptoms, will give promise of permanent cure. I again urge that you give particular attention to these cases, for here you can often successfully cope with many of those morbid conditions of the brain which plunge the patient into hopeless insanity, or the suicide's grave.

Case 2.—Hemiplegia.

This man, about two weeks ago, was seized with right "unilateral hemiplegia," suddenly on getting out of bed. He has tubercles at the apex of the right lung, which seem to be increasing rapidly. He is thirty-five years of age, single, and his history is obscure. Hemiplegia may come from several causes:—One may be a clot in the blood vessels of the brain, generally in the "corpora striata;" aneurism, tumors, embolism, and hemorrhage are other causes. He is too young to expect hemorrhage to be the cause. The heart is normal and the history gives no intimations of a tumor, hence we eliminate these and have only embolism and a syphilitic cause. During the last eight days he has recovered, apparently, much of the motor power of his leg and arm, the facial paralysis is passing off, the aphasia still remains, the sensation is but slightly impaired, and the difference in heat on the affected side was one degree at first, now it is the same. I think these symptoms point to a syphilitic cause, and I should combine corrosive sublimate with some nerve tonic, in doses of one-eighth of a grain once or twice per day. So far nothing has been done, but we get a very instructive hint in the recuperative power of nature seen in the rapid progress towards recovery.

We have here two cases of

Locomotor Ataxia,

which will illustrate different stages of the disease. This man is sixty-five years old and has been afflicted for sixteen years. At first he noticed a numbness of the toes, and inability to pick up anything readily with his fingers. Then he discovered that his walk was uncertain after exertion; that he would totter as if his eyes were closed. The numbness gradually increased and extended slowly up the leg. A sensation of constriction was apparent about the abdomen; bowels constipated. He has remained in this condition for eight years. He has now at intervals boring and gnawing pains quite severe at times. His vision has changed, and he finds that he cannot distinguish well at long distances. His control of the motion in the legs is uncertain. Sensation is imperfect and of tardy transmission. When walking he lifts his feet high, and brings them down with an impulsive jerk, as if fearful they would fail to support him. His health is good and his sleep is regular, only of less duration, and confined to a few hours at a time, extending through the day. In this case we have a chronic condition, with an apparent lull in the progress of the disease.

Here you will find the disease in an earlier stage. This man is twenty-seven years old, and has suffered for two years. He noticed first that when he stood still he staggered; then he suffered for two months with severe headache at night. Finally numbness began in his feet and gradually extended up. His legs jerk and twitch at night, and he has no knowledge of their position unless he can see or feel them with his hands. His fingers are beginning to be clumsy, and his health is good. At times he has a feeling of great heat in his legs, and when he steps it appears as if walking on cushions. His walk is shuffling, and the muscular power of his legs is but little impaired. Sensation is slow; the application of heat or a pin will be felt many seconds after. His sight is good yet, but unless he can see he is almost powerless in the use of his hands and feet. In the treatment of the first case we cannot give any encouragement. Only on general principles can anything be done to build up his strength and make him as comfortable as possible. In the other case we have a better opportunity. Here electricity and the bromides may bring relief, but it is unsafe to promise anything definite. The most you can hope for will be a lull in the disease, or a postponement of the final and fatal issue. The pathology of this disease I will give you at another time. You will find nearly all these cases of nerve lesion benefited by a general tonic treatment, including iron, arsenic, strychnine, and electricity.

Editorial Department.

Periscope.

The Weather and Health.

We copy the following portion of the Report of the Philadelphia County Society on Epidemics and Meteorology, for 1871, because the subject is of great import; for there can be no doubt that atmospheric changes have considerable influence on the state of the public health, even though the manner and extent of their operation cannot be truly ascertained:—

"The careful and extended meteorological observations now made by means of the telegraph in various portions of the world should increase our knowledge of the causes of disease, more especially of those fearful epidemics which destroy so many of the human race. Even by the study of the simple agents, as, for instance, heat, cold, the winds, etc., much is learned of their influence for good or evil on mankind. This is no fancy sketch, for already an intimate acquaintance with the winds shows what an important part they play, in a medical point of view, in controlling humidity, and cooling an intensely heated atmosphere; at other times in dissipating miasma, by carrying it to the upper regions, so that man is not affected by it. Numerous observations by careful physicians prove that the east wind induces biliary derangement, with depression of spirits, while all have felt the bracing influence of a northwest wind; and again, the south or southwest wind induces languor of both body and mind. The barometric indications should be carefully noted, for the indications of increased or diminished atmospheric pressure causes diseases of the brain, heart, or lungs; for in the first it produces fatal apoplexy, in the second, capillary engorgement and severe hemorrhage by exudation, which can all be avoided by preventing the patient from taking protracted or severe exercise. Hygrometric observations proper, or the study of the wet and dry bulb thermometer, show the moisture or dryness of the air, its effects upon croup, diphtheria, etc., and the great alterations in size which epithelial and ligneous structures undergo by the addition or subtraction of it. Intense heat, either from the sun's rays, or from a heated room, produces heat-apoplexy, or thermic fever, frequently followed by local congestion of the lungs or brain, and may even terminate in sudden death. Intense cold causes paleness of the surface, with fainting, also coagulation of the fluids of the body in the extremities, and death. Still more

fearful results are known to follow the combination of cold and moisture on large numbers of individuals, even when the thermometer does not fall much below the freezing point.

"Electricity, in the form of lightning, is a cause of disease and death, and it is believed by good and careful observers that a number of diseases are produced, either by the sudden abstraction or slow subduction of electricity from the body.

"By examining the clouds, as originally classified into cumulus, cirrus, etc., in conjunction with the rise and fall of the barometer, valuable information may be obtained by the physician as to whether he should allow a patient to pass into the open air for exercise, recreation, or travel."

Apomorphin and its Therapeutical Value.

In the Glasgow *Medical Journal*, Drs. RIEGEL and BŒHM detail a number of experiments with this substance, and sum up as follows:—

As the histories show, the subcutaneous introduction of apomorphin, both in the dog and cat, has always given a positive result, and in every one of the therapeutic experiments the emetic action has been observed with great certainty.

First of all, as regards the *dose* administered in man, it varied between .003 and .011 grms. In four cases it was 3 mgrms.; in three, it was 4 mgrms.; in three, it was 5 mgrms.; in one, it was 7 mgrms.; and one, 11 mgrms. But it must be observed that in all these cases the effect was the same; that in none of them, beyond the emetic effect, and the variations of pulse and temperature accompanying the act of vomiting, did further concomitant effects of consequence appear even with the largest doses. As we have convinced ourselves, through frequent repetition of the experiment with different large doses in the same individual, the administration of twice or thrice the quantity of the dose from which an effect has been already proved to follow produces no more result than that from the smallest efficient dose. It must certainly, therefore, be reckoned not the least important property of apomorphin that its administration has great scope, and that even large doses may be used with safety, a property which certainly does not belong, in the same degree, to our most approved emetics, such as antimony, ipecacuanha, and copper.

As a second, though; perhaps, less important element, we must mention the smallness of the active dose of our drug, which, for subcutaneous employment, is of moment.

As a third and most important peculiarity of our drug must be mentioned the possibility of its employment subcutaneously. We may specially remark that we never observed, either in man or animals, any local irritation at the point of injection; neither has the act of injection been accompanied by special pain, apart from the mere manipulation of the needle. We may add that we have experimented with different strengths of our preparation, but neither with one per cent., nor with five or ten per cent. solutions, has irritation been produced. The part of the body selected is of no importance as regards the ultimate result. It must appear superfluous to contrast, with any further detail, the advantages which the employment of an emetic, by introducing it subcutaneously, possesses; and it may suffice to mention that all previous attempts at this mode of using an emetic have failed. We refer specially to the experiments of Eulenburg, Husemann, Ellinger, and Schuchardt. The advantage of the administration of emetics thus must be very apparent in the treatment of children, and not unfrequently even in adults, in cases of poisoning, and where there is coma or loss of consciousness, and in many other cases.

A fourth, and certainly not unimportant, property of our drug is, to produce its specific action comparatively soon after introduction, and after very short preliminary symptoms, and sometimes even without any. For the better illustration of this point we may be permitted to quote here the results which Ackermann* obtained in his investigations into the physiological effects of the most powerful emetics with reference to the commencement of emesis. Ackermann says, with reference to the three most powerful emetics, antimony, ipecacuanha, and sulphate of copper, "by the repeated administration (from five to 8 in the evening) every 15 minutes till the occurrence of vomiting, of half grain of tartar emetic, emesis began after about 1¾ hours. By similar repeated doses of 10 grains of ipecacuanha emesis set in after about ¾ hour, and after 5 grains sulphate of copper, given every 15 minutes, in about one hour." Let us compare with these results the time of the first occurrence of emesis after the administration of apomorphin; and it appears from our experiments on man that the shortest interval between its introduction and its action was 4 minutes, the longest 16 minutes. The difference in this respect, in comparison with the other emetics, requires no comment. We may here record an observation which we made both on the English preparation and on Merck's, viz: that while apomorphin, preserved in the form of powder, seems not to lose its activity in the least, as is evident from the circumstance that after more than a year our English preparation showed striking results, still, once dissolved, it seems very soon to decompose and lose its strength. We were able to demonstrate in the solution a daily diminution of activity, though it still, in comparison with other emetics, continued prompt. Further observations will test the accuracy of our remark.

We must lastly point out a fifth agreeable property of this substance, that, as may be partly explained by the rapidity with which it

* Beobachtungen über einige physiologische Wirkungen der wichtigsten Emetica von Dr. med. Th. Ackermann. Rostock, 1856.

acts, comparatively very trivial and transient collateral effects occur, especially never unpleasant after effects such as accompany tartar emetic. In many cases vomiting took place quite rapidly without any previous symptoms, and after one or more acts of emesis the patient felt perfectly well. At most, a few general symptoms for a short time preceded and succeeded the act of vomiting, and the duration of these symptoms was always much shorter than attends any hitherto known emetics. Generally, several minutes passed after the introduction of the apomorphin, during which there was no objetcive or subjective change. Soon there set in headache, giddiness, especially a frequently expressed inclination to yawn, and a variable degree of faintness. In not a few cases, vomiting was preceded by the outbreak of perspiration, more or less copious, sometimes over the whole body, at other times confined to the face. Along with this there was frequently drowsiness and a certain amount of apathy. As soon as emesis was over, the symptoms above mentioned always began to disappear. The actual vomiting was preceded, though not in all cases, and only for a short time, with eructations and retching. In a few cases vomiting came on so suddenly and unexpectedly that, without any previous warning, at one bout, all the contents of the stomach were expelled. In these cases, generally, the symptoms also following the act were so slight that the patient had scarcely any discomfort immediately after. But always (and this is of much importance in contrast with other emetics), in all cases the patient was perfectly well again very shortly after vomiting, and only in the later observations, in which a less active preparation was used, were the after effects somewhat prolonged, though, even then, in comparison with other emetics, they were both much shorter and much less severe.

The Treatment of Paraphimosis.

Dr. Charles Mauriac, in a late work published in Paris (a review of which we find in *The Doctor*), after giving a number of excellently observed and recorded cases, sums up as follows: 1. In cases of paraphimosis not complicated with simple chancre, we should always attempt simple reduction, whatever be the degree or period of the accident. 2. A long median incision on the upper surface of the penis, to free it, is only indicated in cases of paraphimosis where the narrowness of the ring coincides with shortness of the prepuce. 3. When paraphimosis is complicated with auto-inoculable chancre, we must abstain from all operations with the knife. If the reduction be impossible, we must wait to practice it until we have destroyed the virulence of the ulcers with energetic caustics, such as the chloride of zinc. 4. Gonorrhœa, venereal primary affections, mucous patches, do not contra-indicate the operation with the knife. 5. If adhesions, gangrene, or phlegmonous inflammation of the prepuce, or phlebitis, etc., render reduction impossible, we must abandon paraphimosis to itself, taking care at the same time, by means of appropriate aids, to combat its complications, hasten the resolution of the swelling, and the cicatrization of the part which has ulcerated. 6. Expectation is clearly indicated in irreducible paraphimosis complicated with chancres, until the latter are cured. 7. Non-reduced paraphimosis leaves almost always a sub-preputial tumor formed by hypertrophy of the lower half of the prepuce. 8. We must remove this tumor by aid of a demi-circumcision on the upper part caused by ulceration. 9. Complete circumcision behind the gland in irreducible paraphimosis is only applicable when the prepuce is very long. It should only be done in the period of resolution.

The Treatment of Sciatica.

David Pride, M. D., of Neilston, writes to the Glasgow *Medical Journal*:—

The intractable nature of this disease, and the great amount of suffering it entails, at times keeping even the most powerful man completely under its thrall for weeks, renders any mode of treatment which has been followed with good results worthy of being recorded.

C. D., æt. 40 years, a strong, healthy, well-made man, gave his body a sudden jerk, by trying to throw a parcel of goods up to a person in the flat above him. He instantly complained of severe pain in the gluteal region, which extended down the back of the thigh, in the course of the sciatic nerve, to the lower leg, and he had to be taken home in a cab. I saw him afterwards, and at different times prescribed sinapisms and rubifacient liniments externally, and the iodide and bicarbonate of potash, iron, arsenic, etc., internally, but with very little benefit. At length the patient was put under chloroform, and the actual cautery applied over the course of the nerve, confining its application to the posterior aspect of the thigh; and this was repeated in the course of a day or two, with the happiest results. Patient got rapidly well; and after walking about somewhat lame for a few days, ceased to be troubled with the affection, and has had no return of it. There can be little doubt but that in this case the affection was due to rupture and consequent inflammation of some of the component fibres, and their sheath, of the sciatic trunk.

J. L., æt. 55 years, a miner, has for years been employed in damp and wet underground workings, but never before had anything the matter with him like the present affection. Complains of severe pain coursing down the back of the thigh to the outer aspect of the lower leg, which quite screwed him up, and prevented him from working. Cupping, sinapisms, and liniments, were tried externally; and iron, iodide and bicarbonate of potash, colchicum, Fowler's and Donovan's solution, at different times internally, but with very little

benefit; at length the actual cautery was used in the course of the great sciatic nerve in the thigh and hip; the result was everything that could be desired. He gradually but completely recovered, got the use of his limb, and has had no return of the disease since.

R. S., æt. 48 years, a miner, complained of severe pain in the back of thigh, extending to the outer ankle, but most severe in the calf of his leg. In this case also the alkaline and arsenical preparations were had recourse to, and with this benefit, that the pain got confined to the calf, but here it continued very persistent. In this case I used the hypodermic injection of the liq. opii sed. with most marked benefit after two or three applications. Patient rapidly recovered, and was able to return to his work. Has been quite free of the disease since.

This treatment by the actual cautery merits a more extended trial. It will be found especially useful in cases where the affection is due not so much to any rheumatic element in the system, as to local injury to the component fibres and funicular sheaths of the nerve itself, as in the case of C. D.

Aural Affections in Children.

Dr. Böke, in the *Jahrbuch für Kinderkrankheiten*, remarks that aural affections of children are most frequent between the ages of three and seven, and this is due to the circumstance that acute exanthematous affections, which are associated with affections of the tonsils and of the mucous membrane of the throat, are then most common. Such affections are apt to propagate themselves along the Eustachian tubes into the tympanic cavity, the lining membrane of which, as above stated, presents all the characters of a mucous membrane. Hence also the most common form of disease in childhood is otitis media. Primary disease of the external auditory meatus is more frequent before the age of seven than afterwards, when it is apt to accompany or be secondary to disease of the middle ear, rendering it difficult to determine which was first affected. Dr. Böke refers otitis externa to carious teeth, since the external auditory meatus and the jaw are both supplied by the same nerves and vessels. For the treatment of discharge from the ear he recommends injections of warm water and insertion of a plug of cotton-wool. Five drops of a lukewarm solution, containing two grains of acetate of lead in two ounces of a mixture of water and glycerine, may after each injection be dropped into the ear. The diseases of the middle ear are divided by the author into inflammation and catarrh. Inflammation in the tympanum is accompanied by very violent symptoms, fever and cerebral excitement, and leads to perforation of the membrana tympani and purulent discharge. If the discharge have only lasted a few days, it may be injected two or three times with lukewarm water; but if it have lasted longer, astringent solutions should be dropped into the ear. Polypi are to be touched with nitrate of silver which has been melted in a porcelain capsule and allowed to concrete to the size of a mustard-seed on the end of a probe. Treatment is required for the space of six weeks; perforations of the membrana tympani heal. Complete deaf-mutism developing in children is usually the consequence of brain-disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Drs. G. Kraus, and W. Pichler, of Vienna, have lately published the first part of an *Encyclopædic Dictionary of State Medicine.* The work is intended to give information on forensic medicine, sanitary and veterinary police, and public, private, and military hygiene. The first part consists of 615 large octavo pages, and contains articles in alphabetical order as far as the letter D inclusive.

——The *Transactions of the Fifth Meeting of the American Otological Society* contains a number of articles embodying original research by American observers. Dr. J. O. Green, of Boston, narrates some cases of injury to the ear from external violence. Some typical cases are reported by Dr. D. B. St. J. Roosa, under the title, "Clinical Contributions." Corpulence as a cause of deafness is the subject of an interesting discussion. A very excellent summary of otological literature prefaces the volume, drawn up by Dr. C. J. Blake. We observe he speaks in very favorable and merited terms of the recent work of our valued contributor, Dr. Laurence J. Turnbull.

——One of the numerous recent onslaughts upon the Darwinian theory comes from our brother of the craft, Dr. E. S. Gaillard, editor of the *Richmond and Louisville Medical Journal.* It is a pamphlet of fifty odd pages, entitled, "Medical and General Science as Vindicators of the Mosaic Record, and as Repudiators of the Modern Doctrine of Development and Selection." We have no space to criticise the author's views, and if we had, we should rather prefer to spare him our opinion, as his vindication has not impressed us as a very thorough piece of work.

——A valuable contribution to the clinical study of softening of the brain has lately appeared in Paris, from the pen of Dr. BOURNEVILLE. It is entitled: *Etudes cliniques et thermometriques sur les maladies du systeme nerveux. Ier fasc Hemorrhagie et ramollissement du cerveau. In*-8°, 168 *p.* Published by Delahaye.

——Of the various medical journals which have from time to time been commenced in Baltimore, none are now in publication.

BOOK NOTICES.

A System of Oral Surgery: being a consideration of the Diseases and Surgery of the mouth, jaws, and associate parts. By James E. Garretson, M. D., D. D. S., etc. Illustrated with numerous steel plates and wood cuts. Philadelphia, J. B. Lippincott & Co., 1873. 1 vol. Cloth. 8vo, pp. 1091. Price

The present edition of Dr. GARRETSON'S work embraces a wider field than that included in the first edition. As he remarks in his preface, he has endeavored to make of this surgical monograph a *system*, omitting no topic requisite to a complete understanding of the whole subject of oral surgery.

Necessarily, therefore, he starts out with the anatomy of the bones and muscles of the face, a description of the fifth pair of nerves, and a history of dentition. He then passes to the anomalies and lesions of dentition. The chapter on the associative lesions of the first dentition includes many judicious observations on the disorders of "teething children," which may be studied with profit by the general practitioner. Dr. GARRETSON is unhesitatingly in favor of lancing the gums as soon as they exhibit the tense, glistening appearance, characteristic of a coming tooth. Indeed, he does not discuss the objections which have been urged against this operation. He thinks no special danger from hemorrhage need be apprehended.

After dentition, the diseases of the teeth, especially caries, are examined. The causes of the degenerations are manifold, and necessarily the preventive treatment must be varied accordingly. A number of prescriptions are given to correct the buccal secretions, constitutional tendencies, and parasitic growths. For the latter, dental carbolic acid soap is spoken of highly. In matters ingested, our author does not consider sugar directly injurious to the teeth, nor does he fear as much as some the effects of medicinal doses of the mineral acids. The treatment by filling is fully explained, and an interesting chapter devoted to odontalgia. Seven causes are recognized, each of which demands, of course, its appropriate medication, the most certain of which is extraction, which is next considered.

The chapters on anæsthesia are very carefully elaborated. Cardiac syncope is regarded as the danger from chloroform. This anæsthetic the author does not like to use alone, but alternated (not mixed) with ether. Artificial dentures, their varieties and manufacture, are then spoken of. In the chapter on salivary calculi, several striking examples of general failure of health owing to their presence are cited. The important subject of necrosis of the jaw and the operations required are well illustrated by cases and descriptions. The difficult topic of ozæna, that *opprobrium medicorum*, is analyzed and a number of indications for its correct treatment stated.

Of the numerous allied topics discussed in the remainder of the volume we mention aphthœ of the mouth and tongue, ranula, neuralgia (of the fifth pair), the tongue and its diseases, morbid growths of the mouth and associated parts, both benign and malignant, including an excellent chapter on epithelioma, plastic operations on the lips, cheeks, mouth, etc., embracing hare lip, rhinoplasty, cheiloplasty, dermoplasty, etc., the treatment of palatine defects, obturators, and resections of the maxillary bones.

By this necessarily brief and inadequate notice we would especially impress our readers with the fact that this is not a volume merely for dentists or surgical specialists, but is one of the most useful which the general practitioner can place upon his shelves.

Its mechanical execution leaves nothing to be desired, and it is profusely illustrated with plates and engravings. In literary finish there is, we think, a somewhat superfluous amount of quotation, and a prevailing negligence in giving exact references, which mar the general good effect of the author's style.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 4, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE EVOLUTION THEORY AND ITS PROGRESS.

The intense interest excited by the theory of evolution, as set forth by Dr. DARWIN, finds its explanation in the deep religious unrest which pervades the present generation of cultivated minds, and the ardent longing, nigh universal among them, for some solid facts instead of unstable and windy dogmas. If we learn positively the origin of life, it is, or seems to be, a long step toward ascertaining its end or object.

Hence Dr. DARWIN'S speculations have been boldly carried on by Dr. BASTIAN, who engages himself to show that not merely does one form of life proceed from another form (heterogenesis), but that organized life itself may now, and probably at first did, arise from inorganic material, some "fortunate juxtaposition of atoms."

The theories of those who in recent centuries have advocated an origin of organisms *de novo* have not extended further than to the supposition of a possible heterogenesis, *i. e.*, an origination of living beings from the fragmentary or decomposing tissues of other living creatures. That idea has, indeed, never been universally abandoned in any age: indeed, BASTIAN is able to show that even HARVEY, whose dogma of *omne vivum ex ovo* has been made the great rallying cry of the whole army of those who deny a possible origin of life *de novo*, was at least quite undecided as to whether heterogenesis did not occur in some instances. The audacity of BASTIAN, however, carries him beyond the doctrine of heterogenesis: he believes in the possible and very actual occurrence of what he calls, for distinction, "Archebiosis;" that is, the origination of humble living organisms from not-living matter, *e. g.*, certain saline solutions.

Very stringent must be the proof, very multiplied and diverse must be the evidence, which could induce us to believe that living organisms, however humble, can develop themselves fron the elements of crystalline mineral matter. Once the first shock of the idea is got over, however, one finds far less to astonish him in the evidence produced by BASTIAN of the origination of such organism as *Bacteria* and *Torulæ* from not-living matter, than in the evidence which is brought forward to show that the lower forms of life are capable of development, and are still constantly developed, from each other, to an extent that no previous Darwinian philosopher has attempted to prove.

Nor is the idea of Archebiosis wholly new. In a very remarkable essay published in the *American Journal of Medical Science*, some ten years ago, by Dr. J. A. MEIGS (now Professor of Physiology in the Jefferson Medical College), that eminent naturalist pointed out the high probability of precisely such discoveries.

As for the doctrine of evolution, it is so far from a novelty that it is recognized by the oldest commentators as one of the possible modes of creation meant in the Mosaic record. Recently, also, Archbishop MANNING, the Roman Catholic Primate of England, delivered an address at the London

Hospital, remarkable as containing what has been interpreted as a definite adhesion, important by reason of his position in the Catholic hierarchy, to the doctrine of evolution. It was contained in the following passage: "Whence comes the type of man? We see it beginning as a speck of organic matter, and gradually developing into a marvel of engineering skill." It has for some time been stated that the able minds among the Roman Catholic clergy see nothing in the doctrine of evolution which is incompatible with their theological system. Some able articles in the *Contemporary Review* gave color to that view; and the categorical declaration of Archbishop MANNING has, therefore, created the less surprise, among biologists.

Nor have enlightened Protestants been behindhand in accepting it as a possibly correct view. Dr. HICKOK, in his work, "Creator and Creation," has met it fairly. Among the admirable things in this book will be found the able treatment of Positivism, and the solution of the Darwinian problem. Aristotle, indeed, when he set up the doctrine of Final Cause as the ultimate explanation of all Natural phenomena, knew the last word on Natural Selection as a philosophic theory. "Not sex instinct, but the Absolute Ideal, determines the higher unity of all species," says Dr. HICKOK. This is the last word of science.

Nevertheless, it is still *sub judice* whether the development theory is correct. There is no need of haste in determining it. Very extended studies have still to be made to explain the wide gaps between closely allied species. The latest anatomical researches rather serve to bring these differences into bolder relief, than to tone them down. So any conclusions based on the acceptance of the theory are premature.

LYING-IN HOSPITALS.

Nowhere does religion prove its divine origin, if not in works of practical benevolence, in charity the more active in proportion as its objects are less able to repay in kind the kindness shown. The Christianity that shrinks from alleviating the misery of the sinful for fear of "touching filth," is fit only for the parlor and the fashionable church. As Calchas says of his oracle, in *La Belle Helene*, it is the religion of the saloon, not of the faubourgs.

Tested by this touchstone of how poor quality is the charity of the day! Mr. ACTON, the eminent surgeon of London, says, that in all that city there was till recently no hospital a woman could enter to be cured of syphilis, and now the accommodations are utterly insufficient. To-day, in this city of three-fourths of a million inhabitants, in the words of a circular now before us:

"There does not exist any institution in this city to which a woman about to give birth to an illegitimate child can turn, except the almshouse; and experience shows that, rather than undergo this humiliation, she too often resorts to that most terrible of all crimes, infanticide; a crime which the reports of the coroner show is becoming more and more frequent in our city; or, in despair, puts an end to her own unhappy life."

This extract is from the circular of the State Lying-in Hospital and Infirmary for Diseases of Women, which is being established in this city, at 1718 Filbert street.

It is intended to afford an asylum for the unfortunate, the afflicted, the suffering in body. It will place them in comfortable surroundings, under moral influences, and provide them skilled medical attendants. The department which takes charge of diseases of women is a pressing want in this city, and appeals with peculiar force to the sympathy and aid of the thousands of wealthy women in our population who know from bitter experience the misery inseparable from these complaints, even when relieved by every suggestion art and money can offer, and who can, therefore, form some idea of the wretchedness of similar sufferers deprived of all of these.

The general supervision of the hospital is

in the hands of some of our most eminent physicians, surgeons, and obstetricians. Dr. EDWARD L. DUER, No. 1704 Arch street, is the treasurer, and will gratefully receive subscriptions and donations, and will also cheerfully furnish whatever information is desired in reference to the objects of the institution. We most heartily recommend the charity to our readers, and ask for it their aid and approval.

HYDRANGEA ARBORESCENS.—A BAREFACED FRAUD EXPOSED.

Conscience is not a commodity that the quack is expected to be overburdened with. Hence we are not astonished at a new phase of quackery presented in a circular sent us by an attentive correspondent, whose letter is post-marked from a point in Iowa. This circular professes to be issued by a fellow hailing from New York, who has adopted a very common name, and affects a Quaker style of language which contains internal evidence that the rascal is no Quaker at all, knowing nothing of Quaker principles, nor how to use Quaker language. At the outset he proves himself to be a fraud in this assumption.

The particular phase of quackery that this charlatan stands sponsor for is the recommendation, for the various ills to which flesh is heir, of a native plant to which we first had the honor to call the attention of the medical profession in an inaugural essay on the occasion of our graduation at the University of Pennsylvania, in 1850, and which was afterwards published by request of the Faculty. That remedy was the *Hydrangea Arborescens*, and though it has not yet received the indorsement of the profession to the extent that we believe its merits are entitled, it has found a place in our works on materia medica. The *Hydrangea* was recommended for a specific purpose, viz., the removal of sabulous and gravelly deposits from the bladder. A number of cases were published in support of this quality claimed for the drug, and others, both in our original paper, and subsequently in communications from Drs. JOHN NEILL, W. L. ATLEE, D. HERSHEY, MONKUR and others. A description and analysis of the drug were also published by the late JOSEPH LAIDLEY, in the *American Journal of Pharmacy*.* On various occasions we have called the attention of the profession to the merits of the drug.

The quack who issues the circular sent us from Iowa has the brazen assurance to pretend that he had to go all the way to Germany to acquaint himself with the virtues of the *Hydrangea*, and claims for the drug qualities *that it does not possess*. And in support of his pretensions, he quotes the articles published in the REPORTER, as if they had been written in support of the claims of the mythical German who discovered the virtues of the drug! Moreover, effects are attributed to the *Hydrangea that it cannot produce;* of course, with the view of enlarging his field of operations.

It is unpleasant to be obliged to expose such rascality in this connection, but duty to the profession, and through them to the public, makes it incumbent upon us, and we trust that our readers will aid us in enlightening the profession on the subject, that they may be able to oppose intelligently so barefaced a fraud on the public.

NOTES AND COMMENTS.

A New Febrifuge.

A new febrifuge, said to be an excellent substitute for quinine, is reported to have been discovered in France, which is much cheaper than quinine. This substance consists of the green leaves of the laurel, "Laurus Nobilis," which are dried in a close vessel on a fire, and are afterwards reduced to fine powder, of which one gramme, or 15.5 grains, may be taken as a dose in a glass of cold water. Forty-six and a half grains, it is asserted, are sufficient to effect a cure, and it has even been successful in African fevers of long standing, against which quinine was ineffectual.

* See *New Jersey Medical Reporter*, Oct., 1850, p. 44; Sept., 1854, pp. 393 and 416; Oct., 1854. p. 426, and March, 1855, p. 115; and more recent communications in the *Medical and Surgical Reporter*.

Another Centenarian.

Mrs. Mary Gray died recently in Greenup Co., Ky., 113 years, 8 months, and 16 days old. She came of a long-lived race, her mother having reached the age of 100, but her husband, who was born only four years before her, in 1755, dropped off something over half a century ago, at the untimely age of 64. She was the mother of 13 children, all but four of whom she followed to the grave, the survivors, two sons and two daughters, being 88, 83, 73, and 70 years of age. Mrs. Gray lived to see the fifth generation of her descendants numbered by the score, the full list of her lineal descendants being as follows: Children, 13; grandchildren, 65; great grandchildren, 617; great-great grandchildren, 337; great-great-great grandchildren, 44; total, 1076.

Disgraceful Conduct of Medical Students.

A Montreal correspondent of the Toronto *Globe* says: "The medical students at Victoria College, Montreal, are becoming the disgrace of the city, and are reported to be completely beyond the control of the Professors. A few days ago a party of them stole a body from their own dissecting room, took it to McGill Medical College, received their price, and had a drunken spree on the proceeds. Since then they have been accused of stealing, in broad daylight, a corpse from the Hotel Dieu, their own hospital, only dead a few hours, and unburied, of taking it to a college and selling it, and spending the money in a similar way."

Abnormal Ovariotomy.

Under this title the *British Medical Journal*, of December 7, speaks as follows about the operation of Dr. R. Battey, which we referred to in the Reporter of October, 1872:—

"A new name is required to characterize such an operation as that performed by Dr. Robert Battey, and mentioned in the Philadelphia *Medical and Surgical Reporter*. The author removed from a young lady, aged 23 years, both ovaries, which *were normal in condition*, with a view to establish at once 'the change of life.' It is impossible to read of such a feat without a thrill of horror; one is at a loss whether to blame most severely the patient who endured, or the surgeon who perpetrated the mutilation. He describes the operation as one of normal ovariotomy; we have chosen another heading."

Milk in Poisoning by Strychnia.

A correspondent writes to the *Druggists' Circular*: We were greatly annoyed by mice in the store, and determined to try the efficacy of strychnia for removing them. Accordingly some of the above was placed in roasted cheese and set for the pests. Next morning all had disappeared, but the clerk must have swept some of the pieces out, for soon after a pet dog belonging to the firm was observed to eat something from off the place where the sweepings were generally put. In a few moments he was in violent convulsions. As soon as possible I procured some new milk and melted lard, and by forcing open his jaws I succeeded in getting him to swallow, I suppose, half a pint. To my astonishment, and that of many persons who saw the whole affair, in one hour that dog could walk, and in two or three hours he was on his feet as usual.

Arsenic in Hydrophobia.

In a late number of the *Correspondenz Blatt* Dr. Guisan gives a number of cases showing the value of arsenic as a prophylactic in hydrophobia, and even as a remedy also after the symptoms are marked. He relates that a rabid dog, between the 7th and 9th of June, bit thirteen persons in various towns of the canton of Freiburg. All were recommended to be treated with one-twentieth of a grain of arsenic morning and evening, as a prophylactic measure. Eight submitted to this prophylactic measure, and none were affected. Four declined, or were not allowed to take the arsenic. Of these four, two remained unaffected, and two died. One began the arsenic treatment, but speedily left it off; she was attacked, but at a much later period, and died. Dr. Guisan recommends not only the internal employment of the arsenic, but that the wound should be dressed with it.

Students Plucked.

At the recent examinations for the Doctorate of Medicine at the University of London, forty gentlemen presented themselves, and of these eighteen, or forty per cent., failed to satisfy the examiners.

When, in the course of history, did it ever happen that forty per cent. of a medical class in the United States were "plucked"? But it isn't because they study so much more profoundly than their English compeers.

Mode of Disguising Quinine.

Dr. John Wright, of Illinois, urges the fact that sweet milk (not *sweetened* milk) does to a considerable degree disguise the taste of quinine, notwithstanding the statement to the contrary in this Journal (October, 1869), by a writer who professes to have tried it.

To Prevent Mouldiness.

A French chemist has recently announced that borax and subborate of ammonia will prevent mouldiness and will preserve animal matter. Each of the above salts have proved effectual when tried separately, but when combined in a single solution they seem to be well adapted for apatomical injections. For this purpose the following preparation is recommended: Rain-water one hundred parts, common borax six parts, and subborate of ammonia twelve parts. The liquid is to be used lukewarm; it does not change the color of the tissues, and is not poisonous, does not blunt the dissecting instruments, and in a concentrated state may be used for embalming.

Sand Hot Baths.

One of the therapeutic novelties in London, recently introduced from the continent, consists in the erection of establishments for administering hot sand baths, as a remedy for rheumatism, recent cases of nervous disorders, affection of the kidneys, and all cases where heat is wanted as the chief therapeutic agent. The advantages of this treatment are that it does not suppress perspiration like the hot water bath, but rather increases it, and does not interfere with the respiration like the steam bath or Turkish bath. The body can endure its influence for a much longer time, and a much higher temperature can be applied. It can be used for infants, and permits of easy application to a part or to the whole body.

Abortive Treatment of Boils and Whitlow.

Dr. de Forges advises the topical use of camphorated spirits as an abortifacient in boils and whitlow. In the former case the boil is to be rubbed eight or ten times by the finger dipped in the alcohol. He asserts that it is rare that after this treatment a boil goes on further towards suppuration. In cases of whitlow he advises the patient to dip the finger for ten minutes in camphorated spirits. This almost always gives great relief of the pain, and often cures the complaint.

For Whooping Cough.

A writer recommends the following formula for whooping cough:—

R.	Potassæ bicarb.,	gr. xij.
	Cocc. cacti,	gr. x.
	Potass. bromid.	gr. xvj.
	T. belladonnæ,	gtt. xx.
	T. cardamomis co.,	℥i.
	Aq. cinnami, q. s.,	℥ij. M.

For a child a year or two old the dose is one teaspoonful every three or four hours. We are told that although this formula must not be regarded as a specific, it is very effective and superior to anything in ordinary use.

Dubious Consolation.

A celebrated physician was called upon recently by a person suffering from rheumatism, who insisted upon his doing something for him. The physician wrote a prescription, and, as the patient went out of the room, said to him, "I wish you would let me know if that does you any good, for I have myself been very much troubled with rheumatism lately."

Correspondence.

The Treatment of Cystitis.

Eds. Med. and Surg. Reporter:

Upon reading an interesting article in your number for November 23, 1872, by Dr. William F. Alexander, of West Virginia, on the use of ergot in a case of cystitis and bleeding from the bladder, I am induced to give some of my experience in cases of a similar kind.

In a pretty large practice of about thirty-five years' duration, I have met hardly any cases of acute cystitis, except such as supervened upon the prolonged application of a blister of cantharides or the internal use of that or spirits of turpentine. I have met with many chronic cases and very many cases of dysuria, which are commonly regarded as cases of irritation of the neck of the bladder. But, no doubt many of the latter are true cases of a degree of cystitis. Many more of the latter occur in females than in males. Some of them have been accompanied with blood in the urine, which, from the attending symptoms I had reason to believe came from the bladder. All the cases I have had of an acute kind have been relieved, and the most of them got entirely well under the use of the following means:—Rest, warm fomentations to hypergastric, pubic and perineal regions, and sometimes the moderately warm or tepid bath, warm demulcent drinks, small doses of spts. nitre dulcis and tinc. opii. camph., equal parts, say ℥ss of each every hour; or pills of sulph. morph. gr. 1-20 to 1-10; or ext. hyoscyam. gr. ½ to 1,

one every two hours; or pills of camph. gr. ½, ext. hyoscyam. gr. 1, one every two hours. The mixture of equal parts of spts. nit. dulc. and tinc. opii. camph. frequently given in small doses will relieve a large majority of the acute cases of dysuria or mild cystitis, for which the physician is called to prescribe, such as occur from cold, some temporary menstrual or sexual trouble, and will temporarily benefit all of them. Where this remedy does not answer, the morphia with camphor, or the hyoscyamus and camphor will often succeed.

For all bleedings from the urinary organs gallic acid has always proved a reliable remedy, one which usually acts very promptly. It has so often succeeded in my hands that I have not looked for another. But I have no doubt that ergot is also an efficient remedy, and it is a matter of congratulation that its use in all kinds of hemorrhages is being proved to be so effective.

The beneficial effects of ergot in paralysis of the bladder following retention of the urine I have proved in several cases. The judicious use of this remedy will often save the physician and the patient much inconvenience. By its aid the use of the catheter may much sooner be dispensed with.

ALEX. W. ROGERS.

Paterson, N. J., December 12, 1872.

Scarlatina Treated with Ice—Death.

EDS. MED. AND SURG. REPORTER:

Agreeably to your request I will state the particulars concerning an unsuccessful case of scarlatina treated by ice:—

—— Clark, aged thirteen years. His parents were first cousins, and the children were, if not idiots, yet feeble-minded. When he was seized with the fever, July 14, 1872, he ran away and hid himself, and when found by his parents was hidden under an old barn.

When I saw him he had a pulse of 165, violent headache, suffused eyes, but had not vomited yet nor shown any sore throat.

18th. The rash first appeared to-day, with intense sore throat, pungent burning skin; I ordered ice in pieces as large as the thumb to be placed in linen pockets over the tonsils, the hair to be cut close, and a bag of pounded ice to be applied to the head to allay the heat; also the body was sponged with ice water. All of this the patient said felt grateful. I also prescribed spts. nitre ʒss, with ♏ x. tr. digitalis, with milk and toast as a diet; with plenty of iced water and lemonade as drinks.

19th. Same as above, but on the night of 19th was delirious, swearing and blaspheming at a furious rate. Ice to be continued. As the patient endeavored to tear the bandages off it was necessary to watch him.

20th. He was much weaker, pulse very frequent and more feeble. Treatment to be continued, with the addition of a dose of salts to clear out the bowels, as it had been a day or two since they had acted.

21st. The throat was now enormously swollen, and very prominent externally, with abundant secretion from the tonsils and pharynx; a good deal of discharge from the nose passed this night, and there was a good deal of delirium; ordered quinia gr. ij. every four hours, with ʒj. old whisky with ʒiij. milk every two hours.

22d. Very much weaker; pulse too rapid to count and intermittent. I then expressed my conviction that he could not recover, and learned that he died on the morning of the 23d.

During the whole course of the attack, and even when we were devoid of hope, was the ice treatment continued, with auxiliary sponging and cold to head, iced water, etc. The evil effects could not be attributed to the whisky, as the vital powers had broken sensibly previous to its exhibition. This proves to me that we cannot throw aside the great pathological law of blood-poisoning in disease, in the exanthemata, typhoid, typhus, and puerperal, as well as a great many other fevers and febrile states due to peccant matter brought from without. This is the first case that has terminated fatally in my hands since I commenced ice, out of some thirty treated. Yet in those cases of recovery I had the usual sequelæ, such as otorrhœa, Bright's kidney and temporary dropsy, showing that the system suffers from the violent action of a subtle poison circulating in the most intimate connection with the tissues and organs, which poison must be eliminated, and on failure of which the nerve centres suffer, sink, are overwhelmed by its subtle action, and death ensues. Now cold to the surface will, I am persuaded, do good, will allay irritation, unload the vessels which supply the mucous membrane of the throat and tonsils, will soothe the hyperæsthetic nerves and diminish the exaggerated sensibility of the cutaneous surface. But it cannot eliminate a blood poison, nor prevent its action and effects upon the excretory organs and tissues of the body.

A. JESSUP.

West Town, Orange county, N. J.

NEWS AND MISCELLANY.

The Out-Patient Department of the Pennsylvania Hospital.

The new Out-Patients' Department of the Pennsylvania Hospital has furnished medical and surgical aid during the past six weeks to about one thousand persons from various sections of the city. This ward of the hospital service was recently erected for the purpose of extending its benefits to invalids who, while requiring the advice of a physician or surgeon, are yet able to reside at their homes and pursue their ordinary avocations. Patients are treated daily, except Sunday, between 10 and 11 A. M.

Robbing the Doctors.

This is the way sharp thieves in Chicago go to work. The other evening a physician of that city went home tired and chilled, and had been settled in his arm-chair but a few minutes when the door-bell rang, and a servant entered, saying, as she laid it down before the doctor, "A message requiring an answer, sir." "Very well, Jane; I'll look at it in a moment. Have the man wait." And the doctor deliberately lit the gas and proceeded to investigate the missive. "Dr. Smith, address," it said. He tore off the envelope. A blank one enclosed—another, and yet another. "Strange," was the doctor's mental comment. Ah, here it is at last: "Please call at my store and get measured for a new overcoat." Not signed. A present, but from whom? The man! The doctor rushed to the entry. The man was gone. He looks out into the night. A dim but bulky figure is to be seen disappearing around the corner. He returns to the house, where an empty coat-rack convinces him that the message is a timely, but unkind one.

Singular Suicide.

A suicide of a remarkable character is recorded by the *Swiss Times* as having occurred at Zorfingen. The self-destroyer was a chemist's assistant, and lost his situation in consequence of his persistence in the habit of opium-eating. Having provided himself with a dose of prussic acid, he repaired to an inn and asked for a glass of water, at the same time saying laughingly to the waitress that if she had any message to St. Peter he would deliver it. The young man then coolly mixed the prussic acid with the water, drank off the mixture, and immediately fell dead.

Professor Joseph Carson.

In our obituary notice of the late Dr. John Bell, September 7, 1872, we stated the fact that Dr. Joseph Carson was one of the members of his "club." We have since been informed that the distinguished professor did not belong to that club, but to a younger club, of which Drs. Stuartson, Norris, and the late Dr. Gerhard were members. We make this correction with much pleasure, and trust that Professor Carson may long continue to lecture with so much satisfaction to himself and pleasure to his class.

Vaccination with a Vengeance.

Russian Government surgeons, accompanied by Cossacks, have been vaccinating the people of Central Asia. Their mode of procedure is to pounce upon a village, seize the inhabitants wherever found, and in spite of protestations, insert the beneficent virus. The people are superstitious, and conceived the idea that the punctures were marks preliminary to transportation. At Chodshent recently they broke out in open mutiny, and slaughtered a number of the vaccinators.

Sensible Remark.

In looking at surgical novelties we often sympathize with the following narrative: A youth, in accoutrements that indicated his rustic origin, passing down Broadway one afternoon last week, saw a handsomely embellished specimen truss hanging in a show window, and suspended from it a tag with this legend: "Patent Rupture truss—none like it." "Well," said Rusticus, eyeing it with suspicious looks, and edging away apprehensively, "I shouldn't think they would like it."

Little Rock Medical Society.

The Little Rock and Pulaski county Medical Association held its last monthly meeting at the office of Drs. Murphy & Cross, on December 7th. The following are the officers elected for the next year:—Dr. C. V. Meador, president; Dr. William G. Wright, vice-president; Dr. Ed. Cross, recording secretary; Dr. J. A. Dibrell, Jr., corresponding secretary; Dr. William A. Cantrell, treasurer.

The National College of Pharmacy.

The National College of Pharmacy, at Washington, D. C., has been organized by the election of Professor Stabler, of Alexandria, to the chair of Materia Medica and Pharmacy, of Professor Oldberg to the chair of Pharmacy, and Professor Tristo to that of Chemistry. The college will open on January 1st, in the upper portion of the Colonization Building, which has been furnished with a complete set of philosophical and chemical apparatus.

The School for Idiots.

The School for Idiots, at Barre, Mass., now has 75 inmates, ranging in age from five to forty years, and from an humble beginning, twenty-two years since, has now 100 acres of land, and property valued at $50,000. Those affected by disease are improved, but it only furnishes a home for those born idiotic. Dr. Brown has been in charge for 17 years.

Cat-alepsy.

A disease has broken out among the cats in Springfield. Some tyro in word-making calls it "catalepsis cataractes," which is not good even for a first attempt. The symptoms of the malady are a swelling of the head, dimness of the sight, and a general paralysis of the body, but there is no hope that it will be generally fatal.

Novel Currency.

The London *Chemist and Druggist* says:—An American friend assures us that in South Bend, Indiana, they use small packages of quinine for change. As everybody takes quinine, they look upon it the same as legal tender, and it passes off without difficulty.

Death of Dr. Rene La Roche.

We have to chronicle this week the decease of Dr. René La Roche, one of the last of a body of Philadelphia physicians who were famous in their profession all over the United States during the last two or three generations. Their skill and reputation are admirably well supported by their successors of the present day, but those to whom we refer are affectionately remembered as being types of the "old school" Philadelphia physician. Dr. La Roche was a native of this city, and was the son of a doctor who fled from St. Domingo during the fearful insurrection in that island, in the last century. He died in his seventy-eighth year, after an active practice of his profession for more than fifty years, during which he was not only eminent as a doctor, but was recognized as a medical authority through his well-known standard books on Yellow Fever, Pneumonia, Malarious Fevers, and by numerous contributions to the prominent medical journals of his time. He has rendered useful service as a member of the Board of Health, Trustee of the University, President of the State Medical Society and Pathological Society, and member of the American Philosophical and other scientific societies. During the War of 1812 he served as captain. He was a charitable and genial gentleman of high professional and social standing. We regret extremely to have to record his decease.

Dr. La Roche had a nicely cultivated musical taste; was a devoted lover of the science and art of music; had a large collection of musical works, now forming part of the unique collection of J. W. Drexel, Esq ; and left among his own works an unpublished manuscript on the pathological effects of music, which exhibits great research and masterly knowledge of the subject.

Death of Mrs. Somerville.

Mrs. Mary Fairfax Somerville, the celebrated scientific writer, whose death, at Rome, November 30th, has been announced, was born in Scotland, December 26th, 1780, and had, therefore, nearly completed her ninety-second year. She was the daughter of Sir William George Fairfax, and wife of Dr. William Somerville, of Edinburgh. Her experiments on the magnetic influences of the violet rays of the solar spectrum first made Mrs. Somerville generally known, and her scientific researches introduced her to Lord Brougham, at whose suggestion she translated and prepared a condensed summary of Laplace's "Mécanique Céleste," under the title of "Mechanism of the Heavens," which was published in 1831. To this work succeeded her treatise on "The Connection of the Physical Sciences," which was published in 1834, and which has passed through nine editions in England, and has been translated into several of the languages in Europe. In 1848 she published her "Physical Geography," which has passed through four editions, and has been translated into Italian. During the latter years of her life, Mrs. Somerville, with her daughters, resided at Rome, where, at the advanced age of ninety-one, she was in the enjoyment of all her faculties, and was engaged in pursuing with great vigor her investigations in transcendental mathematics.

The Cholera in Europe.

During the second half of October, 4477 new cases of cholera occurred in various districts of Austrian Gallicia. There were also 1003 cases remaining under treatment on October 15th, making in all 5480. Of these, 2909 recovered, 1677 died, and 894 remained under treatment. One case of cholera has occurred in Vienna. In Buda, the total number of cases of cholera from October 18th to November 14th (inclusive) was 535 ; of these 235 recovered, 181 died, and 119 remained under treatment. In Pesth there had been up to November 15th 228 cases of cholera, with 41 recovered and 74 deaths. For the purpose of treating the disease, the latter city has been divided into districts, to which fifteen physicians are appointed. Their residences are denoted in the daytime by flags, and at night by lanterns, so that the public may know where to make application. Sixty men have been appointed to see that cleanliness is maintained ; they are stationed at twenty different points, at each of which three men watch in rotation.

Royal Medicine in England.

Sir CHARLES DILKE says: Nothing is more singular than the constitution of the medical department of the Royal Household. You would hardly credit the number of medical gentlemen who are required for the service of the household, but I am aware that some of them are unpaid. There are three Physicians in Ordinary, three Physicians Extraordinary, one Sergeant-Surgeon Extraordinary, two Sergeant-Surgeons, three Surgeons Extraordinary, one Physician of the Household, one Surgeon-Apothecary, two Chemists of the Establishment in Ordinary, one Surgeon-Oculist, one Surgeon-Dentist, one Dentist in Ordinary, and one other physician, or twenty-one in all; while the Prince of Wales has for his especial benefit three Honorary Physicians, two Physicians in Ordinary, two Surgeons in Ordinary, one Surgeon Extraordinary, one Chemist in Ordinary, or eleven more, making thirty-two doctors on one family.

Dosing a Tiger.

An English tiger hunter says : The secret of my bagging to a certainty every tiger I hit with a single bullet from my pea rifle, is this, that I fill up the hollow in the picket in the bullet with nine or ten grains of strychnine, of Scheele's strength. That is, I reckon, an overdose, as I believe one grain of this strength would kill a tiger.

Fair for the Orthopedic Hospital.

A very successful fair for the Orthopedic Hospital of this city, was held at the residence of Dr. T. G. Morton, on the 12th of December. The results amounted to the very handsome sum of $600.

The following curious advertisement appeared in one of the Cincinnati papers the other day: "Personal.—Wanted—The undersigned, a healthy young man, unable to procure other employment at which he can make an honest living, desires to inform Professors of Medicine and Surgery that he will submit himself to experimental operations of almost any description, for reasonable compensation. Address Vivisection."

Dr. Halleck was recently appointed Chief Physician of the Insane Asylum, Ward's Island, with instructions to examine its condition, and report the changes necessary for its efficient management.

Dr. J. Goodwin Scott, a brother in-law of Professor Huxley, formerly a companion of Lord Byron, and a surgeon of the Confederate army in the war, died last week at Montgomery, Alabama.

Two men at Copenhagen have been convicted of selling spurious diplomas of the Philadelphia University. They said the diplomas were printed in New York by a man named Japha.

Twenty-one dentists in Indiana were recently convicted of infringing the Goodyear Company's patent, in using hard rubber for their plates.

The Rhode Island Medical Society recently admitted Miss Anita E. Tyng to membership. Miss Tyng is the first female member.

Mrs. Mary Snyder, said to be aged 108, died recently at Leesville, Crawford county, Pa.

Three hundred women have made application to study medicine in San Francisco.

The camphor tree grows extensively in Florida.

NOTES AND QUERIES.

Substitute for Chloral.

Messrs. Editors: What is the best known substitute for hydrate of chloral. A person having taken it for six or eight months every day, wishes to abandon the use of it. Will you or some of your numerous readers answer through the Reporter? R. P

The Spermatozoa.

Messrs. Editors: Is it fully agreed upon by physiologists that the (so-called) spermatozoa are merely epithelial cells? Biologist.

Reply. We know only one teacher of eminence who maintains that they are independent animalculæ. This is Professor Pajot, of Paris, who proves his views (as he thinks) by some unique experiments.

MARRIAGES.

Bonnell—Irvine.—Dec. 12th, 1872, at the residence of the bride's parents, by Rev. Jos. Wild. D. D., Chas. L. Bonnell, M. D., and Lizzie W., eldest daughter of Alex Irvine, Esq., all of Brooklyn.

Carey—Truitt.—In this city, on the 27th of November, 1872, by the Rev. W. Mullin, John F. Carey, M. D., and Mrs. Kate Truitt, both of Sussex county, Del.

Duncan—Cummings.—Dec. 11th, at the residence of the parents of the bride, by the Rev. C. Nutt, D. D., President of Indiana State University, Henry C. Duncan, attorney at law, of Bedford, Ind., and Miss Saide, daughter of Dr. A. C. Cummings, of Bloomington, Ind.

Henry—Anderson—Dec. 18th, at the residence of the bride's parents, by Rev. T. W. Punnett, James Buchanan Henry, of Annapolis, Md., and Louisa, daughter of Dr. W. C. Anderson, of Stapleton, Staten Island.

Roberts — Shears.—At the residence of the bride's parents, on Wednesday, Dec. 18th, by Rev. Wm. M. Taylor, D. D., Dr. Stephen M. Roberts and Mary E., daughter of Frederic Shears, all of New York City.

Rodman—Benedict.—Dec. 19th, at the residence of the bride's parents, Cornelia J. Benedict and Dr. Charles Rodman, both of Waterbury, Conn.

Smith—Watson.—In Bedford, Pa., Dec. 4th, by the Rev. R. F. Wilson, Gilbert Tyson Smith, of Baltimore, Md., and Charlotte Watson, daughter of Dr. William H. Watson, deceased, of Bedford.

Huggins—Roberts.—Dec. 25, 1872, by Rev. R. N. Leake, at the residence of Judge S. Roberts, William Q. Huggins, M. D., and Viola A. Roberts, both of Sanborn, N. Y. (Cards.)

DEATHS.

Brookfield.—In this city, Dec. 17th, Dr. Joseph Brookfield, in the 84th year of his age.

Crane.—At Madison, N. J., Dec. 7th, Dr. Henry Crane, aged 62 years.

Dorrance.—In this city, Dec. 19th, Dr. Henry Bowen Dorrance, aged 44 years.

Fabyan.—In Providence, R. I., Oct. 18th, Mrs. Pamela C., wife of Dr. Chas. W. Fabyan, aged 64.

Hance.—In Trenton, N. J., on the 13th instant, Ann M., wife of the late Rev. E. Hance, M. D., in the 45th year of her age.
(Dr. Hance died on the 29th of November).

Hollingsworth.—On the 14th of December, Dr. Samuel Lovering Hollingsworth, of this city, in the 57th year of his age.

Knapp.—Dr. Bradford Knapp died in Crown Point, N. Y., October 3, 1872, aged 81.

Reynolds.—At his residence, in Kittanning, Pa., Dec. 14th, W. Reynolds, M. D., aged fifty years.

Crawford.—In Salisbury, Indiana county, Pa., Dec. 10, 1872, Zeruiah G., wife of Dr. J. L. Crawford, aged 28 years.